

## Ohio - State Required Benefits

<b>Benefit</b>	<b>Name of Required Benefit</b>	<b>Market Applicability</b>	<b>Citation Number</b>
<b>Emergency Transportation/Ambulance</b>	Emergency response ambulance services	Individual, group	§ 3923.65
<b>Prenatal and Postnatal Care</b>	Maternity benefits	Individual, group	§ 1751.67
<b>Mental/Behavioral Health Outpatient Services</b>	Outpatient coverage for mental and emotional disorders	Group	§ 3923.28
<b>Mental/Behavioral Health Inpatient Services</b>	Hospitalization coverage for mental illness	Individual, group	§ 3923.27
<b>Substance Abuse Disorder Outpatient Services</b>	Outpatient, inpatient, and intermediate primary care benefits for alcoholism	Group	§ 3923.29
<b>Substance Abuse Disorder Inpatient Services</b>	Outpatient, inpatient, and intermediate primary care benefits for alcoholism	Group	§ 3923.29
<b>Preventive Care/Screening/Immunization</b>	Cytological screening (pap smear for cervical cancer)	Individual, group	§ 1751.62
<b>Preventive Care/Screening/Immunization</b>	Mammography	Individual, group	§ 1751.62, § 3923.52
<b>Off Label Prescription Drugs</b>	Off-label prescription drugs	Individual, group	§ 1751.66